

EXHIBIT K
GEORGIA INSURANCE DEPARTMENT
ATLANTA, GEORGIA

NAIC# _____

GID-42
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REPORTING COMPANY: _____
PROPERTY AND CASUALTY INSURERS 384 ANNUAL REPORT

CALENDAR YEAR _____

GEORGIA BUSINESS ONLY

ENTER WHOLE DOLLAR AMOUNT

	Personal Motor Vehicle Bodily Injury Ins. Including Medical Pay Insurance	Commercial Motor Vehicle Bodily Injury Liability Ins. Including Medical Pay Ins.	Products Liability Insurance	Medical Malpractice Insurance	Architects & Engineers Malpractice Insurance
1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
c. Other Acquisitions Costs					
d. General Office Expenses					
e. Taxes, Licenses & Fees					
f. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

I hereby certify that I am the _____ of the _____
Title Insurance Company
doing business in the State of Georgia and that I am authorized to make this certificate. I hereby certify that the information contained within this report is true and correct, to the best of my knowledge and belief.

This the _____ day of _____, 20_____.

Typed Name and Signature of Officer

Subscribed and sworn to before me this _____ day of _____, 20_____.

This report is due by March 1 each year. Return promptly to Georgia Insurance Department, Regulatory Services Division.

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CALENDAR YEAR _____

GEORGIA BUSINESS ONLY

Attorneys Malpractice Insurance	Personal Motor Vehicle Personal Injury Protection	Commercial Motor Vehicle Personal Injury Protection	Personal Motor Vehicle Property Liability Insurance	
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1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
c. Other Acquisitions Costs					
d. General Office Expenses					
e. Taxes, Licenses & Fees					
f. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

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CALENDAR YEAR _____

GEORGIA BUSINESS ONLY

Commercial Motor Vehicle Property Liability Insurance	Uninsured Motorist Insurance	Underinsured Motorist Insurance	Other Liability Insurance	
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1. Direct Premiums Written					
2. Direct Premiums Earned					
3. Net investment income including realized capital gains and losses. (Use appropriate estimates where necessary.)					
4. Incurred Claims developed as the sum and with figures provided for of the following					
a. Dollar amount of claims paid					
b. Reserves for reported claims at the end of the current year, minus					
c. Reserves for reported claims at the end of the previous year, plus					
d. Reserves for incurred but not reported claims at the end of the current year, minus					
e. Reserves for incurred but not reported claims at the end of the previous year.					
5. a. Loss Adjustment expenses					
b. Commissions					
b. Other Acquisitions Costs					
c. General Office Expenses					
d. Taxes, Licenses & Fees					
e. All other expenses					
6. Net Underwriting Gain or Loss					
7. Net Operation Gain or Loss including net investment income					

NOTES: If data for any or all of the following six lines cannot be provided separately, the data shall be combined and shown in a supplemental attachment in the above format as follows:

1. "Personal Motor Vehicle Bodily Insurance, including Medical Payments Insurance," shall be combined with "Personal Motor Vehicle Property Liability Insurance" and the column labeled "Personal Motor Vehicle Liability Insurance".
2. "Commercial Motor Vehicle Bodily Injury Insurance, including Medical Payments Insurance," shall be combined with "Commercial Motor Vehicle Property Liability Insurance" and the column labeled "Commercial Motor Vehicle Liability Insurance."
3. "Uninsured Motorist Insurance" shall be combined with "Underinsured Motorist Insurance" and the column labeled "Uninsured/Underinsured Motorist Insurance".

Optionally, dividends may be shown by line, as above, in a separate supplemental attachment.

Neither the column headings nor the line captions in Exhibit K may be modified. The only permissible variation in the submission of data is in accordance with these notes.

An additional notarized certification in the same form as shown on page 1 shall be made for each supplement.